



ANNUAL REPORT PURSUANT TO IC 30-2-13

State Form 45279 (R6 / 2-00)

Approved by State Board of Accounts 2000

Indiana Professional Licensing Agency
Indiana State Board of Funeral and Cemetery Service
302 West Washington Street, Room E034
Indianapolis, Indiana 46204

Fiscal year ending:

Filing Fee

\$10.00

SECTION A

This report must be filed with the Indiana State Board of Funeral and Cemetery Service, 302 W. Washington St., Rm E034, Indianapolis, IN 46204-2700 no later than 90 days after the end of the establishment's fiscal year. The information requested below shall be provided for the preceding fiscal year, as specified below.

Mark applicable box:

☐ Cemetery ☐ Funeral Home ☐ Perpetual Care Fund ☐ Other Seller (*specify*)

1. Name, address and certificate of authority number (*if applicable*) of cemetery, funeral home, perpetual care fund or other seller.

Name of cemetery, funeral home, perpetual care fund or other seller

Certificate of authority number

License / Registration number

Address (*number and street, city, state, ZIP code*)

Name of contact person

Telephone number

2. Name(s), address(es), and certificate of authority number(s) of the establishment(s) that will provide the services or merchandise (*if different from above*):

Name of establishment

Name of establishment

Address (*number and street, city, state, ZIP code*)

Address (*number and street, city, state, ZIP code*)

Certificate of authority number

Certificate of authority number

3a. If owner is a sole proprietorship, give the name and business address:

Name of sole proprietor

Address of business (*number and street, city, state, ZIP code*)

3b. If owner is a partnership, corporation or other non-natural person, give the name and address of:

i. Name of resident agent

ii. Name of chief officer

Address (*number and street, city, state, ZIP code*)

Address (*number and street, city, state, ZIP code*)

4. If reporting for a cemetery, the amount of funds received by the owner during the previous fiscal year that are subject to the trust requirements set forth in IC 23-14-48 are required to be reported as follows:

a. Amount of funds received for interment, entombment and columbarium niche rights sold:

\$

b. As set forth in 4a above, the combined liability pursuant to IC 23-14-48-3 of 15% or \$.80 per square foot of ground interment rights sold, whichever is greater; 8% or \$100.00 per entombment rights sold, whichever is greater; and a minimum of \$20.00 per columbarium niche rights sold:

\$

c. Amount of funds actually placed in trust from sales reported in 4a above:

\$

(Continued on reverse side)

